

2006 City of Seattle Investments in Public Health Services

CONTRACTOR: PUBLIC HEALTH—SEATTLE & KING COUNTY (PHSKC)

Health Care for the Homeless Network (HCHN)				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Homeless people	Services designed to improve access to health care for homeless people, as well as addressing underlying health conditions. Community-based health programs provide on-site services at shelters, day centers and other locations where homeless people congregate. Services include medical respite, case management, access to medical and dental care, street outreach, management of chronic conditions, and training and technical assistance for health and housing organizations and agencies serving homeless people.	<ul style="list-style-type: none">Access to health care services increases	<ul style="list-style-type: none">5,000 unduplicated homeless people in the City of Seattle will have improved access to health care through participation in one or more face-to-face visits with an HCHN care provider80% (26) of City-funded shelters and homeless service sites will meet the City’s new standards for communicable disease prevention	General Fund: \$753,457 Base 85%: \$640,439 PC 15%: \$113,018 Other Funds: \$3,377,593
		<ul style="list-style-type: none">Spread of communicable diseases is prevented	<ul style="list-style-type: none">75% (150) of staff trained in communicable disease prevention and control and who complete an evaluation form will report increased knowledge and commit to behavior change as a result of the training	General Fund & Other: \$4,131,050
		<ul style="list-style-type: none">Management of chronic health conditions improves	<ul style="list-style-type: none">25% (313) of unduplicated clients with a chronic medical condition will set at least one self-management goal. (Research-based best practice)	
		<ul style="list-style-type: none">Housing stability for those with complex health, mental health and/or addiction problems increases	<ul style="list-style-type: none">65% (132) of unduplicated homeless clients with chronic substance abuse problems will improve or maintain housing (REACH)62 unduplicated REACH clients will move from homelessness into housing	
Enhanced Tuberculosis Control Services				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Homeless people who are at-risk of transmitting or contracting TB, or who have TB	An array of proactive prevention activities designed to help assure that homeless shelters and day centers implement appropriate policies and procedures and operationalize effective practices for TB prevention and control—the ultimate goals of which are to prevent and reduce the spread of TB. The enhanced TB services also include a discharge planning function designed to help homeless TB patients secure and retain stable housing and other services they need to help increase stability.	<ul style="list-style-type: none">Spread of TB is prevented and controlledHomeless TB patients complete treatment and address other health concerns	<ul style="list-style-type: none">At least 4 non-City funded homeless agencies in the high-risk group will meet the City’s standards for compliance with TB Guidelines80% (26) of City-funded homeless agencies will meet the City’s new standards for compliance with TB Guidelines	General Fund: \$175,445 Base 85%: \$149,128.23 PC 15%: 26,316.77 Other Funds: \$38,718
		<ul style="list-style-type: none">Long-term housing stability increases for homeless TB patients	<ul style="list-style-type: none">60% (9) of TB patients will move to transitional or permanent housing upon completion of their TB treatment50% (8) of TB patients will remain in stable housing at least six months after treatment	General Fund & Other: \$214,163

Community Health Center Partnerships (CHCP)				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Low-income, uninsured and underinsured people	Primary care medical and dental services for low-income, uninsured and underinsured people, and for other groups experiencing disparities in health outcomes. Outreach and assistance to enroll the uninsured into publicly-sponsored health insurance programs. Works with community health centers to foster a cohesive system of community health services to assure improved access to primary care.	<ul style="list-style-type: none"> Health improves by providing primary care medical services to low-income, uninsured and vulnerable people 	<ul style="list-style-type: none"> Six of seven subcontractors report achieving their aim to improve treatment of diabetes by improving blood glucose levels (measured by HgbA1c) for a target patient population 38,385 – 42,900 primary care medical visits to <u>uninsured</u> Seattle residents 	General Fund: \$5,722,554 Base 85%:\$4,864,132 PC 15%: \$858,422 Other Funds: \$786,627 General Fund & Other: \$6,509,181
		<ul style="list-style-type: none"> Oral health improves by providing needed dental care services 	<ul style="list-style-type: none"> Five of six dental care subcontractors report improvements in rates of treatment plan completion for a target patient population 26,730 – 30,090 dental visits to <u>uninsured</u> Seattle residents 	
		<ul style="list-style-type: none"> Eligible people enroll in publicly-sponsored health insurance programs 	<ul style="list-style-type: none"> Standardized method to track and report the number of successful enrollments developed and in place for 2007 sub-contracts 2006 encounters delivered: 51,900-57,700 Eligibility screenings 19,600-21,700 Enrollment assistance 23,800-26,400 Referral and linkage 	
Medically-fragile adults who are homeless or living downtown in low-income housing	Home nursing visits and community nursing support for medically-fragile adults who are homeless or living in downtown low-income housing.	<ul style="list-style-type: none"> Management of chronic health conditions improve Health conditions and housing stabilize 	<ul style="list-style-type: none"> 540- 600 in-home nursing visits to medically frail elderly adults 144 on-site nursing visits provided at the new Plymouth transitional housing facility 	
Seattle Access and Outreach				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
<u>Infant Mortality Prevention</u> - Low-income and high-risk pregnant adolescents and their children. Focus on African-American, Native American and Latina adolescents	<ul style="list-style-type: none"> <u>Infant Mortality Prevention</u>: Community-based organizations provide outreach, education, referral to prenatal care, labor support, chemical dependency treatment, and basic needs (e.g., housing, food, clothing, transportation). 	<ul style="list-style-type: none"> Pregnancy and infant health outcomes improve 	<ul style="list-style-type: none"> 3,750 people receive health education 105 women of childbearing age and their families are linked to health care or other resources 	General Fund: \$234,541 Base 85%: \$199,360 PC 15%: \$35,181 Other Funds: \$717,058 General Fund & Other: \$951,599

Seattle Access and Outreach (continued)				
PeoplePoint, Bridge to Benefits – Low- and moderate income people in need of public benefits	<ul style="list-style-type: none"> PeoplePoint Initiative: Cross-trains outreach and intake workers to help people access publicly-sponsored health insurance, child care, utility assistance, food assistance, and Earned Income Tax and other tax credits. Refers to other services including jobs and housing assistance. 	<ul style="list-style-type: none"> Health, self sufficiency and well being improve through linkages to publicly-sponsored health insurance and other public benefits 	<ul style="list-style-type: none"> 300 clients receive other public benefits (e.g., utility/energy assistance, childcare, food, Earned Income Tax Credit) 600 clients obtain health insurance coverage 	
Best Beginnings				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
First-time pregnant and parenting low-income and high-risk adolescents and their children	Regular public health nurse home visits to provide support and coaching, and educate adolescents on pregnancy and child health and development. Links clients to services (e.g., health insurance, prenatal care, child care, public assistance, school, work, training and other basic needs [e.g., food, clothing, housing, baby supplies]).	<ul style="list-style-type: none"> Birth outcomes improve Long-term life outcomes of the new parents and their children improve (Proven model that research shows leads to better long-term life outcomes.)	<ul style="list-style-type: none"> 143 (85%) will delay a second pregnancy at least until their first baby is two years old 68 (85%) will have positive birth outcomes (birth weight, decreased prematurity [37+ weeks]) 118 (70%) will progress in school (attendance, continue and make progress, advance grade level, GED, graduate) and/or progress in employment or training 	General Fund: \$475,614 Base 85%: \$404,272 PC 15%: \$71,342 Other Funds: \$575,119 General Fund & Other: \$1,050,733
HIV/AIDS Case Management				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
People living with HIV/AIDS	Case management services including ongoing assessment of needs, development of a comprehensive, individualized service plan, and linkages to primary care, prescription drugs, mental health, substance use treatment, dental care, health insurance, and housing.	<ul style="list-style-type: none"> Unnecessary hospitalizations are prevented and discharge from inpatient care is expedited Health and quality of life improve 	2,474 – 2,911 linkages into primary care, prescription drug programs, mental health therapy, substance abuse treatment, dental care, case management, insurance benefits, and housing assistance	General Fund: \$205,970 Base 85%: \$175,094.48 PC 15%: \$30,875.52 Other Funds: \$2,093,106 General Fund & Other: \$2,299,076

Perinatal HIV Consortium / Northwest Family Center				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Adolescents, women, children, and youth with HIV/AIDS and their families	Case management services including ongoing assessment of needs, development of a comprehensive, individualized service plan, and linkages to primary care, prescription drugs, mental health, substance use treatment, dental care, health insurance, and housing.	<ul style="list-style-type: none">• HIV transmission between mother and child is prevented• Health and quality of life improve	<ul style="list-style-type: none">• 80 to 90 HIV positive clients receive case management services• 2 to 4 HIV positive clients receive mental health services• 18 to 28 HIV positive clients receive substance abuse services• 80 to 90 HIV positive clients receive primary care services• 5 to 10 homeless HIV positive clients receive housing assistance• 10 to 20 HIV positive clients access health insurance benefits	General Fund: \$30,207 Base 85%: \$25,676 PC 15%: \$4,531 Other Funds: \$771,090 General Fund & Other: \$810,297
Needle Exchange				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Injection drug users at-risk of acquiring or transmitting HIV or other blood-borne illnesses	New sterile syringes in one-for-one exchange for used contaminated syringes; used injection equipment disposed of safely. Information about and distribution of clean injection equipment to promote safer injection and handling practices. Promote access to methadone vouchers, case management, social services, wound and abscess care, HIV/TB/STD/hepatitis screening and treatment.	<ul style="list-style-type: none">• Transmission of HIV and other blood-borne pathogens among injection drug users are prevented	<ul style="list-style-type: none">• 140 unduplicated clients served in Methadone treatment• 1.8 – 2 million syringes exchanged	General Fund: \$363,559 Base 85%: \$309,559 PC 15%: \$54,000 Other Funds: \$542,431 General Fund & Other: \$905,990
		<ul style="list-style-type: none">• Low prevalence of HIV infection among injection drug users	<ul style="list-style-type: none">• 2-5% prevalence of HIV infection among Seattle residents who inject drugs	
Methadone Vouchers				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Opiate-dependent people, including people referred from the Seattle Needle Exchange program and individuals arrested for drug-related crimes within the city	Vouchers for methadone treatment. Case management provided for assessment, service coordination, treatment oversight and linkages to services and resources. Helps clients obtain long-term financial support for their treatment.	<ul style="list-style-type: none">• Numerous personal and social costs associated with active use are reduced• Opiate dependency is managed through treatment	<ul style="list-style-type: none">• 70% (39) of clients are retained in treatment 12 months or longer• Opiate-dependent Seattle area residents receive 885 months of Methadone treatment	General Fund: \$297,303 Base 85%: \$252,708 PC 15%: \$44,595 Other Funds: \$141,744 General Fund & Other: \$439,047

Indoor Air Quality (IAQ)				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Low-income residents of housing units with poor indoor air quality, especially in neighborhoods with a high prevalence of asthma	Assessment, education, consultation and referrals; development and implementation of community strategies to address ventilation failures and other indoor air quality problems.	<ul style="list-style-type: none"> Indoor air quality improves Respiratory health improves Health disparities in respiratory illness improve 	<ul style="list-style-type: none"> 25 low-income housing units resolve indoor air quality problems 1 low-income housing complex resolves indoor air quality problems 52 low-income housing units receive assistance to resolve indoor air quality problems 2 low-income housing complexes are inspected and receive community assistance to help resolve indoor air quality problems 	General Fund: \$56,727 Base 85%: \$48,218 PC 15%: \$8,509 Other Funds: \$7,035 General Fund & Other: \$63,762
Community Based Oral Health				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Children who are high risk for dental decay including immigrants and refugees Schools with a large number of students on free/reduced lunch and English language learners (ELL) are targeted for service	Screening and application of sealants on the teeth of 2nd and 3 rd graders to prevent decay. Education, screening and referral to treatment services if dental disease or decay for high-risk children (English Language Learners, homeless, etc).	<ul style="list-style-type: none"> Tooth decay is reduced Oral health improves 	<ul style="list-style-type: none"> Students at 30 Seattle Public Schools, selected for their high number/percent of Free/Reduced Lunch students and large ELL population, will have dental sealants applied 85% (637- 712) of sealants will be retained one year after application, continuing to prevent decay 28% (84) children are referred for treatment 850-950 students assessed as needing them will have dental sealants applied 	General Fund: \$110,138 Base 85%: \$93,622.50 PC 15%: \$16,515.50 Other Funds: \$568,602 General Fund & Other: \$678,740
TOTAL PHSKC PUBLIC HEALTH INVESTMENTS			Public Health General Fund: \$8,425,515 Base Gen Fund 85%: \$7,162,209.21 PC Gen Fund 15%: \$1,263,305.79 Public Health Other Funds: \$9,619,123 TOTAL: \$18,044,638	

CONTRACTOR: KING COUNTY DEPARTMENT OF COMMUNITY AND HUMAN SERVICES

Chemical Dependency Interventions for High Utilizers at Harborview Psychiatric Emergency Services Department (CDI)				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Chemically dependent homeless people in crisis	Stabilization services for chemically dependent homeless people in crisis. Chemical dependency professionals are located on-site at Harborview Medical Center to provide ready access to chemical dependency services and mental health professionals. Services include screening, assessment, next-day appointments, and referral to services such as detox, treatment, or respite housing.	<ul style="list-style-type: none">Homeless people in crisis are stabilizedHomeless people in crisis receive chemical dependency servicesHomeless people in crisis are referred to other services, such as mental health and developmental disability	<ul style="list-style-type: none">950 homeless people in crisis are screened for substance abuse and referred to services224 patients receive next-day appointments for chemical dependency treatment, or are referred directly to treatment including detoxification services	General Fund: \$186,731 Base 85%: \$158,722 PC 15%: \$28,009 Other Funds: \$61,653 General Fund & Other: \$248,384
Emergency Service Patrol (ESP)				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Chronic public inebriants and intoxicated or incapacitated individuals	Assessment, direct assistance and transportation for chronic public inebriants to needed services; ESP responds to 911 dispatch calls freeing-up City Police and Fire Department personnel to respond to other crisis calls.	<ul style="list-style-type: none">Public safety and access to health and other services increaseNeed for police and fire department involvement are minimized in situations that can be handled by ESP	<ul style="list-style-type: none">13,200 individuals are transported to appropriate services700 in-person responses provided in situations where police or fire department personnel are standing by	General Fund: \$477,856 Base 85%: \$406,178 PC 15%: \$71,678 Other Funds: \$1,065,114 General Fund & Other: \$1,542,9704
Youth Engagement Program (YEP)				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Underserved and homeless youth, with focus on ethnic or sexual minorities who are involved with substances and/or are (or at-risk of) involved with the juvenile justice system	Youth outreach and engagement services and case management to link underserved or “high-risk” youth to treatment or other needed services.	Youth: <ul style="list-style-type: none">succeed in school and workfulfill legal obligationsdecrease their drug/alcohol use and involvement with other risky behaviors	<ul style="list-style-type: none">360 youth demonstrate fulfillment of one or more improvement goals set in their written plan180 youth are admitted to, and participate in, chemical dependency treatment	General Fund: \$239,939 Base 85%: \$203,949 PC 15%: \$35,990 Other Funds: \$76,121 General Fund & Other: \$316,060

TOTAL KING COUNTY PUBLIC HEALTH INVESTMENTS	Total General Fund: \$904,526 Base Gen Fund 85%: \$768,849 PC Gen Fund 15%: \$135,677 Total Other Funds: \$1,202,888 Grand Total General Fund & Other: \$2,107,414
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CONTRACTOR: AMERICAN LUNG ASSOCIATION OF WASHINGTON

Master Home Environmentalist Program				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
People vulnerable to lung disease and families with asthmatic children, with focus in specific Seattle Health Planning Areas where health disparities exist	Provides in-home assessments and education. Trains volunteers and CLEARCorp members to assess home environments and help residents create Home Action Plans that reduce or eliminate toxins and asthma triggers. Community outreach and education are also provided.	<ul style="list-style-type: none"> Indoor air quality improves In-home pollutants and asthma triggers are eliminated 	<ul style="list-style-type: none"> At least 50% (12) of the community forums or special outreach events are provided within the Health Planning Areas of the City that have a significantly higher rate of asthma hospitalization for children and adults compared with the County average At least 40% (80) of the residents that receive a HEAL assessment and create a Home Action Plan will make at least one behavior change that improves their indoor air quality 200 City of Seattle residents vulnerable to lung disease and families with asthmatic children receive a HEAL assessment and create a Home Action Plan. 	General Fund: \$58,000 Base 85%: \$49,300 PC 15%: \$8,700 Other Funds: \$57,797 Grand Total Gen. Fd & Other: \$115,797

CONTRACTOR: CATHOLIC COMMUNITY SERVICES NORTHWEST

African American Elders Program				
Target Population	Service Description	Outcomes	Performance Commitments (PC)	Allocation
Low-income African-Americans 60 years and older who have chronic health conditions, are frail, homebound or disabled and not able to obtain services	Health assessment, education, advocacy, and assistance with access to health services and independent living support.	<ul style="list-style-type: none"> Highest level of health possible is achieved Independent living and the capacity of elders to remain in their homes increases Unnecessary hospitalizations and premature entrance into nursing homes are avoided 	Community Health Nurse <ul style="list-style-type: none"> Visit 75 unduplicated clients Provide 125 home visits Provide medication management to 75 clients Consult 100 times with case managers regarding care planning, resource coordination and health education approximately 	*General Fund: \$92,000 Base 85%: N/A PC 15%: N/A Other Funds: \$35,000 General Fund & Other: \$127,000

*\$92,000 of General Fund is provided for community nursing services. The City invests an additional \$173,072 of General Fund for other services provided by the African American Elders Program.

GRAND TOTAL 2006 PUBLIC HEALTH INVESTMENTS	<u>PHSKC, King County & American Lung Association SUBTOTAL</u>
	General Fund: \$9,388,041
	Base Gen Fund 85%: \$7,980,358
	PC Gen Fund 15%: \$1,407,683
	Other Funds: \$10,879,808
	Total General Fund & Other: \$20,267,849
	<u>African American (A. A.) Elders Program SUBTOTAL</u>
	African American (A. A.) Elders Program: \$92,000
	A. A. Elders Other Funds: \$35,000
	Total A. A. Elders General Fund & Other: \$127,000
	GRAND TOTAL General Fund: \$9,480,041
	GRAND TOTAL Other Funds: \$10,914,808
	GRAND TOTAL General Fund & Other Funds: \$20,394,849